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Substitute for form 1449/PTO

Sheet 1

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

of_ 3

Complete if Known			
Application Number	10/535,387		
Filing Date	17 May 2005		
First Named Inventor	Yoshida		
Art Unit	2853 1774		
Examiner Name	B. Shewareged		
Attorney Docket Number	TID 024		

Examiner Initials*	Cite No.1	Document Number	Publication Date Name of Patentee or MM-DD-YYYY Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant			
		Number-Kind Code ^{2 (F known)}			Figures Appear		
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Examiner Cite nitials* No.1		Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
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н		JP 2002-362010	12-18-2002	PT Public		1
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Examiner Considered 2006

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Translation is attached.

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Substitute for form 1449/PTO		Co.	mplete if Known	1
		Application Number	10/535,387	
INFORM	ATION DISCLOSURE	Filing Date	17 May 2005	_
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(Use)	as many sheets as necessary)	Examiner Name	B. Shewareaed	_
Sheet 2	NFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)	Attorney Docket Number	TIP 034	フ

Consider:	- Cir-		U. S. PATENT D		
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (F known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Foreign Patent Document Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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Date 2006 Considered

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	Application Number	10/535,387		
INFORMATION DISCLOSURE	Filing Date	17 May 2005		
	First Named Inventor	Yoshida		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)	Art Unit	2853 17-7-4		
(Use as many sheets as necessary)	Examiner Name	B. Shewareged		
Sheet 3 of 3	Attorney Docket Number	TIP 034		

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Examiner Signature Considered

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